

SERIAL NUMBER 09/345,824	FILING DATE 06/30/99	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 66066
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APPLICANT BRICE LETAC, MONT-SAINT-AIGAN, FRANCE; ALAIN CRIBIER, MAROMME, FRANCE.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A CON OF PCT/EP97/07337 12/31/97

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A 371 OF PCT/EP97/07337 12/31/97

BP

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED EPO 96402929.2 12/31/96

BP

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/29/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FRX	SHEETS DRAWING 18	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 1
Verified and Acknowledged <u>BP</u> Examiner's Initials _____ Initials _____					

SEE CUSTOMER NUMBER: 022242

ADDRESS

VALE PROSTHESIS FOR IMPLANTATION IN BODY CHANNELS

TITLE

FILING FEE RECEIVED  \$1,402	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 1712

<b>SERIAL NUMBER</b> 09/345,824	<b>FILING DATE</b> 06/30/1999 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 66066	
<b>APPLICANTS</b> BRICE LETAC, MONT-SAINT-AIGAN, FRANCE; ALAIN CRIBIER, MAROMME, FRANCE;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/EP97/07337 12/31/1997					
<b>** FOREIGN APPLICATIONS *****</b> EUROPEAN PATENT OFFICE (EPO) 96402929.2 12/31/1996					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 07/29/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> WILLIAM H. DIPPert COWAN, LIEBOWITZ AND LATMAN 1133 AVENUE OF THE AMERICAS NEW YORK, NY 10036-6799					
<b>TITLE</b> VALE PROSTHESIS FOR IMPLANTATION IN BODY CHANNELS					
<b>FILING FEE RECEIVED</b> 1402	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		